

VA Independent Outpatient Clinic IOPC, Columbus, Ohio



Sites of Care: The Chalmers P. Wylie Department of Veterans Affairs Outpatient Clinic (VAOPC) is an Independent Ambulatory Care facility located at 543 Taylor Avenue, Columbus, Ohio, serving veterans in 17 counties of Central Ohio and is Clinic of Jurisdiction for 57 counties in Ohio and one (1) in Indiana. The VAOPC is the parent facility for a Veterans Readjustment Counseling Center (Vet Center) located in downtown Columbus.

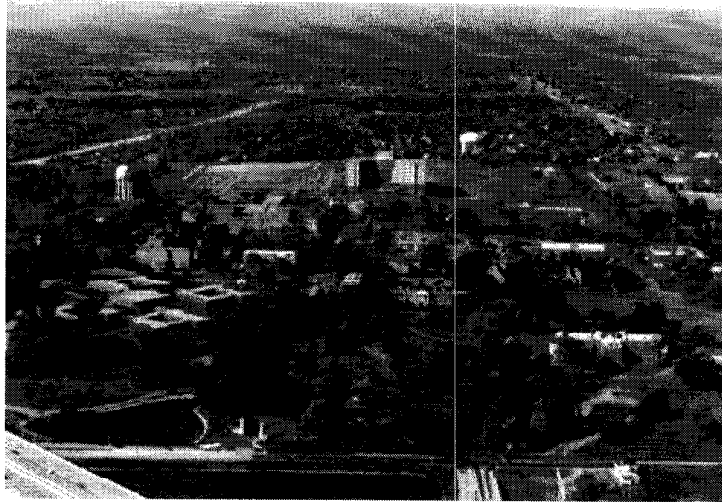
As an ambulatory care facility, Columbus VAOPC offers clinical services such as primary care, mental health, audiology, optometry (including outpatient cataract surgery), dental, prosthetics (including a VIST program), laboratory as well as limited services in cardiology, gastroenterology, renal, neurology, and dermatology onsite. The VAOPC works cooperatively with the VISN 10 medical centers to meet inpatient needs or other consultative services not available at the clinic. The Clinic is one of only a few facilities in the world, which has implemented the use of digital radiography, representing the cutting edge in radiological technology. Images are captured on a phosphorous plate and then scanned with a laser to make a computerized digital image. The Picture Archival and Communication System, or PACS, means that radiological services are completely filmless.

The clinic was one of the first VA's in the country to enter into dental sharing agreements with the Department of Defense - Departments of the Army, Air Force and Navy. Comments regarding the agreements and services received are always positive. A newly equipped dental laboratory allows for the fabrication and the construction of dental appliances such as crowns, bridges, and dentures on site. This markedly reduces the time from the initial fitting to the final placement.

The VAOPC Columbus has recognized a need for expansion to provide for additional Primary Care and specialty services due to the number of new enrollees in the Columbus area. Additional leased office space approximately two miles away has been acquired to move administrative offices. The vacated space is being remodeled into expanded treatment areas for Primary Care and additional specialty services. This initiative should be completed in the fall of 2003.

Affiliations: VAOPC is affiliated with The Ohio State University, Columbus, Ohio.

VA Medical Center, Dayton, OH



Sites of Care: The Dayton VA Medical Center provides a continuum of care, which encompasses all levels of acute, nursing home, and domiciliary care. A very active ambulatory care program is provided through a variety of clinics including a primary care program designed to assure that we offer an atmosphere of friendly, personal and individualized patient care. It is a teaching hospital, providing a full range of patient care services, with state-of-the-art technology as well as education and research. Comprehensive health care is provided through primary care, tertiary care, and long-term care in areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, neurology, oncology, dentistry, geriatrics, and extended care. The Dayton VAMC is the third oldest VA Medical Center in the country, having accepted its first patient in 1867. The Medical Center sits on a 382-acre tract of land (including a national cemetery).

The Dayton VA Medical Center is a part of VA Network 10, which includes VA Medical Centers in Chillicothe, Cincinnati, and Cleveland, as well as an Independent Outpatient Clinic in Columbus.

Affiliations: The Dayton VA Medical Center has active affiliations with the Wright State University Medical School. Dayton VA Medical Center is connected both physically and functionally to the University. Over 275 University residents, interns, and students are trained at the Dayton VA

Medical Center each year. There are also nursing student affiliations with the Wright State University, University of Cincinnati, Miami University, Kettering College of Medical Arts, Sinclair Community College, Indiana University, Indiana Wesleyan, and Miami University Career Technology Center, as well as affiliations with some 40 other academic programs involving dentistry, pharmacy, social work, and psychology. Through sharing agreements, there is collaboration in the areas of Radiation Therapy, Professional Radiology Services, Sleep Lab, Electron Microscopy, and Cardiac Cath Lab.

The Dayton VA Medical Center participates with six other area hospitals and Wright-Patterson Air Force Base in the Dayton Area Graduate Medical Education Consortium (DAGMEC). Directors of Medical Education from each facility provide the oversight for the training of physicians from Wright State University School of Medicine. Since the university does not have an associated hospital, training occurs at various sites throughout the city. Each of the 24 primary care and specialty programs maintains ANCC accreditation for medical residents and fellows.

Research: The Dayton VAMC has a small funded research and development program, including studies in sleep and MS, all of which enhance our ability to provide state-of-the-art medical techniques and treatments to our veteran patients. During fiscal year 2002, there were 36 active Research Principal Investigators and 75 active research projects at the Medical Center. The total research funding for fiscal year 2002 from VA, NIH, and Industry sources was \$1,748,172.



The delivery of healthcare services must be patient-focused, with an emphasis on patient needs, capacity, current & future demands for care, and patient satisfaction. Quality and performance outcomes are key components in determining veteran satisfaction. Creating a more patient-centered care delivery model is a key strategic Network goal. This demands timely and flexible responses to emerging patient desires, marketplace requirements, and measurement of the factors that drive veteran satisfaction. Being veteran focused also demands increased awareness and use of new technology and new modalities for the delivery of healthcare services.

Network 10 has the seventh largest veteran population and has been recognized as one of the fastest growing Networks in terms of number of enrolled veterans. This Network has and will continue to attract more veterans to VISN 10 due to the economical impact of factory closures and other economic changes, which decrease, terminate, or prevent access to affordable private health care coverage and prescription benefits for many veterans in Ohio. Many of these

veterans are older with chronic illnesses resulting in the need for long-term and potentially costly treatments. Veterans, as well as other health care consumers, are also becoming more informed consumers of healthcare and expressing their desire for quality, timely, easily accessible, and technologically advanced health care services. These issues emphasize the importance of reducing infrastructure cost to better meet the needs of veterans seeking health care in VISN 10.

The following narrative summarizes service gaps identified through our ongoing strategic planning processes and the national Capital Asset Realignment for Enhanced Services (CARES) process for Central and Western Ohio Markets. A description of key planning initiatives identified for the Central and Western Ohio Markets are also outlined. It is my goal to position our organization to address veteran and health care market needs, expectations, and opportunities in the most cost-efficient way.

Eastern Market – Louis Stokes Cleveland VAMC

The Eastern Market has seen a dramatic increase in the demand for healthcare services, and an equally dramatic response to improve access to these services. Since 1997, the number of veterans served annually has grown from 37,000 to over 71,000 in 2002. The veterans we have served this year have already surpassed 71,000, and are anticipated to reach 80,000 by the end of this fiscal year. Most of the increase in care has been services related to outpatient health care. The Eastern Market has planned for an increase in the number of access points for care and the expansion and renovation of clinical space devoted to outpatient services to help address this issue.

In 1997, the Eastern Market access points consisted of Cleveland, Brecksville, Canton and Youngstown. Chronologically since 1997, we have opened new clinics in Lorain, Sandusky, Mansfield, Painesville, Akron, East Liverpool, New Philadelphia, Warren and Ravenna. We have subsequently relocated the Painesville clinic to provide more clinical space, relocated the Akron and Canton clinics to entirely new clinical buildings, and renovated and expanded the Youngstown and McCafferty clinics. The Eastern Market has also renovated space for primary care at Brecksville, adding 100,000 square feet as well as renovating 20,000 square feet at the Wade Park facility for outpatient care. This, along with continuously upgrading our inpatient facilities, has helped us to keep pace with an ever-increasing demand for care from area veterans.

The actions taken to this point have put in place a system of clinics where area veterans can receive outpatient care closer to where they live. Where the veterans reside played an important factor in determining the location of the Community Based Outpatient Clinics within the Eastern Market.

The Eastern Market currently has a VA presence in twelve of the 24 counties, and the location of these facilities means that every veteran in northeast Ohio has either a facility in his or her home county or in an immediately adjacent county. Building this outpatient system of local access points positions us to examine the best plan for inpatient facilities in our market.

While both Brecksville and Wade Park opened in the early sixties, there are marked differences in the campuses. We have successfully sought major renovations at Wade Park. Similar renovations have been sought for the Brecksville campus, but have not been approved for funding by the VA major construction program, primarily because it has to compete with patient safety projects within the VA system. Brecksville needs significant renovation to bring this facility to an appropriate health care standard.

In the CARES process, we had a chance to examine what was needed, and to consider alternative ways to provide an up-to-date physical plant for patients who are served at our Brecksville campus. Early on in this process, it became apparent that we could seek to renovate Brecksville at Brecksville, or as an alternative, create entirely new space for Brecksville programs at our Wade Park site. The advantages of consolidating to one campus are many, but all can be described as serving veterans more effectively and efficiently.

The consolidation of these two facilities will help reduce the time to transport patients from the outpatient clinics and nursing home facilities to the inpatient wards in a matter of minutes. If a veteran becomes critically ill, the veteran would not be facing an ambulance or helicopter ride to Wade Park or private facility. This means that our staff can devote more time providing care to our veterans, rather than spending time preparing patients for transfer.

By consolidating our programs, we can eliminate 500,000 square feet of space that is expensive to maintain, and we can create energy efficient, technology friendly space that is designed and built to provide the care that our veterans need now. This is commonly understood as the more cost-effective alternative to retrofitting an older building in an attempt to elevate it to today's standard of care.

This proposed consolidation would help reduce the duplication of programs throughout many departments in the Eastern Market, ultimately saving resources. Examples can be found in many departments. In the event this consolidation is approved, each service will be able to assess where operational savings can be achieved. We estimate that \$24 million dollars can be saved each year following the consolidation. In addition, cost avoidance of up to \$27 million between FY 2004- FY 2007 in Non Recurring Maintenance and Infrastructure costs are planned for the Brecksville Campus.

The proposed single campus allows the Eastern Market to explore enhanced uses of the Brecksville campus, making use of this resource in ways that best serve the current and future needs of area veterans.

This plan redirects resources currently being allocated for infrastructure to more meaningful patient care programs. Two such programs are a Comprehensive Rehabilitation Center and a Blind Rehabilitation Center, which would be made possible with the consolidated facility but not feasible in our current two-division configuration. The Blind Rehabilitation Center will offer veterans in Ohio the opportunity to receive rehabilitation services for the visually impaired that they must now travel to the Chicago area to receive. It would also provide that care in a timelier manner, avoiding the current one-year waiting list at the VA center in Hines, Illinois.

Additionally, with the consolidated facility in the clinical and educational heart of our region, we will be better able to recruit scarce medical specialists for long term and mental health care. It will strengthen our ability to employ physicians on the faculty of our primary educational affiliate, Case Western Reserve University School of Medicine. For sixty years, the VA has recognized the value and importance of such affiliations in providing care that is at the cutting edge of clinical research and education.

We believe that area veterans will not be disadvantaged by this consolidation, allowing us to provide state of the art care in a state of the art facility. We believe that our current and evolving system of outpatient care does much to temper any concerns about access for veterans residing in the immediate area of the Brecksville campus. The consolidation puts more VA programs closer to more veterans. For example, among the veterans we served last year, 4000 live in Zip Codes within two miles of Wade Park, while 630 live in Zip Codes within two miles of Brecksville. The Eastern Market has developed an aggressive plan to meet the goals and objectives of the CARES Initiative, which ultimately improves the care provided to our veterans.

This project will require new construction of 500,730 square feet and renovation of existing space at the Wade Park Division of 140,400 square feet; and requires the Enhanced Use Lease of 102 acres at the Brecksville Division in exchange for property adjacent to the Wade Park Division. The cost savings of this project and the quality of clinical care will be significantly enhanced to the more than 80,000 veterans that receive care at these medical centers.

The strengths/opportunities associated with the market plan for the Eastern Market include, but are not limited to the following:

- Reallocation of resources to provide care that is accessible, high quality, and in line with the needs of the veterans in Network 10.

- The consolidation project will be in line with the CARES objective to reduce operational costs in order that these resources can be reallocated to serve more veterans.
- The consolidation project will possibly allow the collocation and collaboration with Veterans Benefits Administration.
- Gaps identified by CARES in primary care, specialty care, and inpatient medicine is addressed and solutions are provided that maximizes care to our veterans.
- Access to tertiary hospital care is addressed.
- Increased access to care for those veterans not currently within the access guidelines as defined by CARES.
- Significant cost savings and space reduction.

I cannot emphasize enough that the delivery of healthcare services must be patient-focused, with quality and performance/outcomes being the key components anchoring a veteran focused environment. With this in mind, Network 10 has developed planning initiatives that are veteran-focused, more efficient, and cost effective ways to provide healthcare services to our veterans.

VISN 10 will be facing many financial constraints to handle the increased demand for health services, necessitating the need for the Network to develop more efficient ways to deliver healthcare services. These issues emphasize the importance of reducing infrastructure cost and use the saving for improved access to a full continuum of health care services in Ohio.

The proposed planning initiatives that I have reviewed will directly address the needs of the veterans and meet the intent of the CARES process. By consolidating these two facilities, the Eastern Market will be improving how we deliver our services, ensuring our organization is offering the best and most cost effective health care for Ohio veterans.

I appreciate the opportunity to express my views and concerns to the commission. I fully support the planning initiatives outlined in our Network's CARES submission and believe these initiatives are the most optimal and cost effective for our Network.

Respectfully submitted,

Clyde Parkis
Network Director
VA Healthcare System of Ohio